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1: Br Med J (Clin Res Ed). 1983 Nov 19;287
(6404):1499-502.

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Role of cold and emotional stress in Raynaud's disease and scleroderma.

Freedman RR, Ianni P.

Research on the aetiology of Raynaud's disease and phenomenon has been hindered by the difficulty of provoking attacks in the laboratory. A study was therefore conducted in which digital and ambient temperatures, electrocardiograms, and stress ratings were obtained during ambulatory monitoring in patients with idiopathic Raynaud's disease, Raynaud's phenomenon secondary to scleroderma, and in normal subjects. In Raynaud's disease about one third of the vasospastic attacks were associated with tachycardia and increased stress ratings without declines in ambient temperature. In contrast, cold alone was enough to provoke most attacks of Raynaud's phenomenon in scleroderma. Chronically increased stress ratings in patients with scleroderma and increased muscle tension in anticipation of a cold stimulus suggest that these patients have different patterns of stress responses from those with Raynaud's disease.

PMID: 6416474 [PubMed - indexed for MEDLINE]

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Raynaud's Phenomenon

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phenomenon?How can Raynaud's phenomenon
be prevented?Are there any standards or laws
regarding vibration exposure at
work?

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Diseases, Disorders & Injuries

Raynaud's Phenomenon

What is Raynaud's phenomenon?

Raynaud's phenomenon, sometimes called Raynaud's syndrome, is a disorder of blood circulation in the fingers. This condition aggravates exposure. Exposure to cold abnormally reduces blood circulation in the fingers to become pale, waxy-white or purple. The disorder is sometimes called "white finger", "wax finger" or "dead finger."

Raynaud's phenomenon has many different causes including work exposures. It is most commonly associated with hand-arm vibration but it is also involved in other occupational diseases. It is important to recognize the signs and symptoms of Raynaud's phenomenon and the workplace conditions that can cause it. Awareness can help prevent the disorder from occurring or progressing to a serious stage. If not detected in the early stages, the disorder can permanently impair blood circulation in the fingers.

Although Raynaud's phenomenon is not life threatening, severe cases can lead to disability and may force workers to leave their jobs. Although rare, it can lead to breakdown of the skin and gangrene. Less severely, it can sometimes have to change their social activities and work habits because of attacks of white finger.

Why Raynaud's phenomenon occurs is not well understood. Usually, the body conserves heat by reducing blood circulation to the extremities, particularly the hands and feet. This response uses a complex system of nerves to control blood flow through the smallest blood vessels in the skin. In Raynaud's phenomenon, this control system becomes too sensitive and greatly reduces blood flow in the fingers. Damage to either the nerves or the blood vessels that control blood flow may cause Raynaud's phenomenon.

What are the signs and symptoms of Raynaud's phenomenon?

Attacks of poor blood circulation in the fingers are the most noticeable signs of Raynaud's phenomenon. These attacks occur when the hands or the body get cold either at work or at home. Household or leisure activities in cold exposure include washing a car, holding a cold steering wheel, or the cold handlebars of a bicycle. Attacks of white finger can also occur when a person is outdoors watching sports, or while gardening, fishing or working in cold weather.

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Typical attacks occur with:

- tingling and slight loss of feeling or numbness in the fingers
- blanching or whitening of the fingers, usually without affect and
- pain, sometimes with redness, which accompanies the return of circulation generally after 30 minutes to two hours.

Occupationally induced Raynaud's phenomenon gradually gets worse if one remains exposed to the condition that cause the problem. As the condition gets worse, the attacks become stronger and more frequent. So it is especially important to recognize the signs and symptoms in the early stages.

The Taylor-Pelmeur scale system, updated at the 1986 Stockholm Conference, classifies vibration-induced Raynaud's phenomenon into four stages.

Taylor-Pelmeur Scale System		
Stage	Grade	Description
0	--	No attacks
1	Mild	Occasional attacks affecting the tips of one or more fingers
2	Moderate	Occasional attacks affecting the tips and middle sections (rarely the base of the fingers) on one or more fingers
3	Severe	Frequent attacks affecting the entire length of most fingers
4	Very Severe	As in stage 3, with damaged skin and possible gangrene of the tips

What causes Raynaud's phenomenon?

Some people have Raynaud's phenomenon for reasons that cannot be determined. This is called "primary Raynaud's phenomenon," "Raynaud's disease" or "constitutional white finger." It usually affects both hands and attacks of white finger occur in response to stress as well as cold.

People can also get Raynaud's phenomenon because of certain diseases or injuries. This form is known as "secondary Raynaud's phenomenon." In the workplace, several hazards can cause Raynaud's phenomenon.

Exposure to vibration from power tools is by far the greatest cause of Raynaud's phenomenon. Power tools such as chain saws, jackhammers and pneumatic rock chippers can cause "hand-arm vibration syndrome." This disorder is also known as "vibration-induced white finger," "hand-arm vibration syndrome" or "Raynaud's phenomenon of occupational origin." Raynaud's phenomenon, however, is only one aspect of the hand-arm vibration syndrome. Vibration also damages nerves, muscles, bones and joints of the hand and arm.

In early years, before the cancer-causing effects of vinyl chloride were known, workers exposed to high levels of this chemical experienced Raynaud's phenomenon. It also caused breakdown of the bones of the fingers. Raynaud's phenomenon from vinyl chloride is now a thing of the past.

occurrence in Canada since exposure to this chemical is controlled than in the past.

Frostbite injury with damage to the blood vessels can also cause Raynaud's phenomenon. A single study reports that fish plant workers develop Raynaud's phenomenon after continually chilling and rewarming several times a day over a period of years.

A few studies have suggested that gripping a hand tool too tightly can cause Raynaud's phenomenon. Other isolated studies have identified Raynaud's phenomenon in workers who injured their hands by using them for pulling or pushing or twisting heavy objects. In these cases, Raynaud's phenomenon was part of a disorder called hypothenar hammer syndrome.

How long does it take for Raynaud's phenomenon to develop?

The time between first contact with the hazardous condition and the onset of Raynaud's phenomenon is known as the latent period. This varies with the type of hazard, the amount of exposure and the individual. Some people are more susceptible than others.

The latent period for vibration exposure can be as short as one year. As a general rule, severe exposure reduces the latent period. If the latent period for a group of workers is short, the disorder tends to appear more frequently. In individuals with a short latent period, Raynaud's phenomenon progresses to advanced stages faster.

What workers are at risk of Raynaud's phenomenon?

Raynaud's phenomenon is primarily a concern for workers who use hand tools or equipment such as pneumatic drills, jackhammers, chipping tools, riveting tools, impact wrenches, pavement-breakers, gasoline-powered saws, electric tools and grinding wheels, especially in pedestal grinders. Raynaud's phenomenon from other causes are relatively rare.

How common is Raynaud's phenomenon?

Studies show that Raynaud's phenomenon commonly occurs in workers in certain occupations that involve exposure to vibration. For example, of 146 tree fellers examined in British Columbia had Raynaud's phenomenon, 75 percent of workers with over 20 years of experience.

Another study showed that 45 percent of 58 rock drillers had affected fingers; 25 percent of workers with less than five years of experience and 10 percent of those with over 16 years experience were affected.

What tests are available for Raynaud's phenomenon?

Several laboratory tests can help determine if a person has Raynaud's phenomenon. Some of these tests measure skin sensitivity or blood flow in the fingers, especially under cooling conditions. As yet, however, no test is universally accepted for detecting Raynaud's phenomenon. The most useful is a careful analysis of an individual's work history and medical history, which is useful in judging if a person has Raynaud's phenomenon.

What treatment is available for Raynaud's phenomenon?

Workers with mild cases of vibration-induced Raynaud's phenomenon may recover if the hazard that causes it is avoided. For severe cases, drugs may reduce the attacks of white finger. The most effective treatment, however, is to avoid further exposure to vibration. Extra clothing to maintain body temperature as well as gloves to keep the hands warm are also helpful.

If detected in the early stages, vibration-induced Raynaud's phenomenon may not worsen as long as there is no further exposure to vibration. It may actually improve, but advanced cases seldom do. Surgery often relieves Raynaud's phenomenon caused by hypothenar hammer syndrome.

How do you live with Raynaud's phenomenon?

Precautions can be taken to reduce the number and intensity of attacks of white finger. These precautions include the following:

- Protect the body from cold temperatures.
- Avoid immersing unprotected hands in cold water.
- Protect the hand from injury.
- Avoid tobacco since nicotine sometimes causes poor blood flow to the fingers.
- Dress completely for cold weather by wearing gloves, overalls, and a scarf.

How can Raynaud's phenomenon be prevented?

Joint occupational health and safety committees should be aware of the hazards that cause Raynaud's phenomenon, and the precautions to avoid vibration and cold exposure.

General Precautions

- Protect the hands from damage and extreme temperatures

- If tingling, numbness or signs of white finger develop, consult a physician.

Precautions with Vibrating Tools

Although significant advances have been made in reducing tool vibration, preventative measures to reduce this hazard are still necessary. New tools, anti-vibration gloves, and anti-vibration shields are recent developments that may also help reduce exposure to vibration.

In general, grinding, machining, and vibrating processes should be automated as possible. Workers should use vibrating tools only when necessary.

There are several ways to reduce the amount of vibration that passes from the tool to the hands.

- Use only well-maintained and properly operating tools.
- Hold vibrating tools as lightly as possible, consistent with safe work practices. Let the tool do the work.
- Rest vibrating tools on a support or work piece as much as possible.
- Use proper job design with scheduled breaks to reduce exposure to vibration.

It is important for workers to recognize if early symptoms of Raynaud's phenomenon have occurred, and then get appropriate advice to reduce exposure to vibration.

Are there any standards or laws regarding vibration exposure?

Currently there are no official standards for vibration exposure in Canada. However, many provinces accept vibration-related disorders as compensable and work-related.

Various agencies have proposed guidelines including the American Conference of Governmental Industrial Hygienists (ACGIH) which has published recommendations for prevention of hand-arm (segmental) vibration.

Document last updated on June 10, 1998

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L10: Entry 15 of 18

File: JPAB

Apr 9, 1992

PUB-NO: JP404108710A

DOCUMENT-IDENTIFIER: JP 04108710 A

TITLE: MAGNETIC COSMETIC

PUBN-DATE: April 9, 1992

INVENTOR-INFORMATION:

NAME

COUNTRY

SHIGA, YOKO

ASSIGNEE-INFORMATION:

NAME

COUNTRY

SHIGA YOKO

APPL-NO: JP02222566

APPL-DATE: August 27, 1990

INT-CL (IPC): A61K 7/00; A61K 7/02

ABSTRACT:

PURPOSE: To obtain a magnetic cosmetic capable of securing the promotion of blood flow important for the health of skin with harmless magnetic force without using chemical substances causing inflammation, etc., by dispersing a ferromagnetic material in demagnetized state in a cosmetic and magnetizing the material after applying the cosmetic to the skin.

CONSTITUTION: Fine particles of a demagnetized ferromagnetic material such as magnetite or manganese zinc ferrite are dispersed in a medium solidifying after use (preferably a dispersion medium selected from a film-forming polymeric viscous substance and a gel-forming montmorillonite or an oil and fat, etc.) and the dispersion is used as a magnetic cosmetic capable of forming a cosmetic film of a magnetized magnetic material having blood flow promoting effect by magnetizing the fine particles after dispersed or compounded in the medium in fixed state. The agglutination of the particles by the magnetism during the preparation of the cosmetic can be prevented by this process.

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L16: Entry 1 of 2

File: JPAB

Jun 17, 1997

PUB-NO: JP409157128A

DOCUMENT-IDENTIFIER: JP 09157128 A

TITLE: COSMETIC MATERIAL

PUBN-DATE: June 17, 1997

INVENTOR-INFORMATION:

NAME

COUNTRY

OKABE, KEIICHIRO

KONDO, SHOICHIRO

KANEKO, AYA

ASSIGNEE-INFORMATION:

NAME

COUNTRY

ADVANCE CO LTD

APPL-NO: JP07339898

APPL-DATE: December 5, 1995

INT-CL (IPC): A61 K 7/00; A61 K 7/48

ABSTRACT:

PROBLEM TO BE SOLVED: To obtain a cosmetic material useful for skin preparation and aging prevention by intending to maintain and promote healthy normal flora on the skin by including at least one or more materials selected from among specific metal ions, metal salts and metal materials.

SOLUTION: This cosmetic material contains a minute amount of one of manganese, zinc or their salts which have actions to promote growth of aerobically most dominant Staphylococcus epidermidis in a useful normal flora of the skin and enhance superoxide dismutase (SOD)-like active material excreted from the bacteria cells. The preferable concentration range of manganese ion is 0.1-100mM, especially 0.1-10mM and that of zinc ion is 0.01-5mM, especially 0.1-1mM.

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Inventor Name Search Result

Your Search was:

Last Name = BRETON

First Name = LIONEL

Application#	Patent#	Status	Date Filed	Title	Inventor Name
08358562	Not Issued	166	12/14/1994	USE OF A SUBSTANCE P ANTAGONIST IN A COSMETIC COMPOSITION, AND THE COMPOSITION THUS OBTAINED	BRETON, LIONEL
08538119	5869068	150	10/02/1995	COMPOSITIONS AND METHODS FOR TREATING WRINKLES AND/OR FINE LINES OF THE SKIN	BRETON, LIONEL
<u>08574653</u>	<u>5679360</u>	250	12/19/1995	SUBSTANCE P ANTAGONIST FOR THE TREATMENT OF LICHENS, PRURIGO, PRURITUS	BRETON, LIONEL
<u>08574853</u>	<u>5730998</u>	150	12/19/1995	USE OF A SUBSTANCE P ANTAGONIST FOR THE TREATMENT OF PRURITUS, OCULAR AND/OR PALPEBRAL PAIN AND OCULAR OR PALPEBRAL DYSAESTHESIA	BRETON, LIONEL
<u>08574856</u>	<u>5744156</u>	150	12/19/1995	USE OF A SUBSTANCE P ANTAGONIST FOR THE TREATMENT OF SKIN REDDENING OF NEUROGENIC ORIGIN	BRETON, LIONEL
<u>08575089</u>	<u>5714155</u>	250	12/19/1995	ETHYLENEDIAMINE DERIVATIVE IN A COSMETIC OR DERMATOLOGICAL COMPOSITION, AND COMPOSITION CONTAINING IN PARTICULAR A PRODUCT HAVING AN IRRITANT SIDE EFFECT	BRETON, LIONEL
<u>08575682</u>	<u>5824650</u>	150	12/19/1995	TOPICAL COMPOSITION CONTAINING A SUBSTANCE P ANTAGONIST	BRETON, LIONEL
<u>08580291</u>	<u>5658581</u>	150	12/28/1995	HISTAMINE ANATAGONIST, AN INTERLEUKIN-1 ANTAGONIST AND/OR A TNF ALPHA ANTAGONIST IN A COSMETIC, PHARMACEUTICAL OR DERMATOLOGICAL COMPOSITION AND COMPOSITION OBTAINED	BRETON, LIONEL
<u>08592175</u>	<u>5989568</u>	150	01/26/1996	COSMETIC/DERMATOLOGICAL SKIN CARE COMPOSITIONS COMPRISING S-DHEA	BRETON, LIONEL
<u>08592529</u>	<u>6019967</u>	150	01/26/1996	THERAPEUTIC/COSMETIC COMPOSITIONS COMPRISING CGRP ANTAGONISTS FOR TREATING SENSITIVE HUMAN SKIN	BRETON, LIONEL
<u>08611549</u>	<u>6235291</u>	150	03/11/1996	USE OF A SUBSTANCE P ANTAGONISTS IN COSMETIC COMPOSITIONS, FOR TREATMENT OF SENSITIVE SKIN	BRETON, LIONEL

<u>08620805</u>	<u>5935586</u>	150	03/28/1996	THERAPEUTIC/COSMETIC COMPOSITIONS COMPRISING CGRP ANTAGONISTS FOR TREATING DISEASE STATES OF THE SKIN	BRETON, LIONEL
<u>08620806</u>	<u>5932215</u>	150	03/28/1996	THERAPEUTIC/COSMETIC COMPOSITIONS COMPRISING CGRP ANTAGONISTS FOR TREATING SKIN REDNESS/ROACEA/DISCREET ERYTHEMA	BRETON, LIONEL
<u>08623576</u>	<u>6169069</u>	150	03/28/1996	THERAPEUTIC/COSMETIC COMPOSITIONS COMPRISING CGRP ANTAGONISTS FOR TREATING THE EYES OR EYELIDS	BRETON, LIONEL
<u>08630325</u>	<u>6168809</u>	250	04/10/1996	ALKALINE-EARTH METAL SALT FOR THE TREATMENT OF OCULAR OR PALPEBRAL PRURITUS AND DYSESTHESIA	BRETON, LIONEL
<u>08630326</u>	<u>5851556</u>	150	04/10/1996	USE OF A SALT OF AN ALKALINE-EARTH METAL AS TNF-A OR SUBSTANCE P INHIBITOR IN A TOPICAL COMPOSITION AND COMPOSITION OBTAINED	BRETON, LIONEL
<u>08635577</u>	<u>5733558</u>	150	04/22/1996	METHOD FOR TREATMENT OF ACNE AND/OR THE EFFECTS OF AGEING USING HMG-COENZYME A-REDUCTASE INHIBITOR AND COMPOSITIONS FOR PERFORMING THE SAME	BRETON, LIONEL
<u>08688738</u>	<u>5849312</u>	150	07/31/1996	THERAPEUTIC/COSMETIC COMPOSITIONS COMPRISING BRADYKININ ANTAGONISTS FOR TREATING SENSITIVE HUMAN SKIN	BRETON, LIONEL
<u>08709658</u>	<u>6471997</u>	150	09/09/1996	IRIDACEAE EXTRACT AND COMPOSITIONS CONTAINING IT	BRETON, LIONEL
<u>08711109</u>	<u>5795574</u>	150	09/09/1996	USE OF AN EXTRACT FROM A NON-PHOTOSYNTHETIC FILAMENTOUS BACTERIUM AND COMPOSITION CONTAINING IT	BRETON, LIONEL
<u>08716534</u>	<u>5858024</u>	150	09/19/1996	COMPOSITION FOR DYEING KERATIN FIBRES CONTAINING A SUBSTANCE P ANTAGONIST	BRETON, LIONEL
<u>08716535</u>	<u>6106846</u>	150	09/19/1996	USE OF AT LEAST ONE THERMAL SPRING WATER FROM VICHY AS A SUBSTANCE P ANTAGONIST	BRETON, LIONEL
<u>08723760</u>	<u>5780424</u>	150	09/30/1996	PURIFIED RIBOSOMAL FRACTIONS SEPARATED FROM THE NONPHOTOSYNTHETIC FILAMENTOUS BACTERIA BEGGIATOALES	BRETON, LIONEL
<u>08731967</u>	<u>5958432</u>	150	10/23/1996	COSMETIC/PHARMACEUTICAL COMPOSITIONS COMPRISING BETA-ADRENERGIC AGONISTS/SUBSTANCE P ANTAGONISTS	BRETON, LIONEL
<u>08738794</u>	Not Issued	164	10/28/1996	PHARMACEUTICAL COMPOSITIONS COMPRISING LANTHANIDE, MANGANESE, TIN, ZINC, YTTRIUM, COBALT, BARIUM AND/OR STRONTIUM SALTS AS	BRETON, LIONEL

				SUBSTANCE P ANTAGONISTS	
<u>08738811</u>	<u>5900257</u>	150	10/28/1996	COSMETIC/PHARMACEUTICAL COMPOSITIONS COMPRISING LANTHANIDE, MANGANESE, TIN AND/OR YTTRIUM SALTS AS SUBSTANCE P ANTAGONISTS	BRETON, LIONEL
<u>08738910</u>	<u>5788956</u>	150	10/28/1996	ANTIPERSPIRANT COMPOSITIONS COMPRISING SUBSTANCE P ANTAGONISTS	BRETON, LIONEL
<u>08739480</u>	<u>5803095</u>	150	10/28/1996	PERMANENT WAVE COMPOSITIONS COMPRISING SUBSTANCE P/CGRP ANTAGONISTS	BRETON, LIONEL
<u>08740311</u>	<u>5866168</u>	150	10/28/1996	DERMATOLOGICAL/PHARMACEUTICAL COMPOSITIONS COMPRISING LANTHANIDE, MANGANESE, TIN, ZINC, YTTRIUM, COBALT, BARIUM AND/OR STRONTIUM SALTS AS SUBSTANCE P ANTAGONISTS	BRETON, LIONEL
<u>08752551</u>	<u>5895649</u>	150	11/20/1996	METHOD FOR TREATING NEUROGENIC RED SKIN BLOTCHES WITH COMPOSITIONS CONTAINING TNF ALPHA ANTAGONISTS	BRETON, LIONEL
<u>08809950</u>	<u>5846552</u>	150	06/09/1997	USE OF 2,4-DIAMINOPYRIMIDINE 3-OXIDE OR A SALT THEREOF FOR TREATING COLLAGEN MATURATION AND STRUCTURING DISORDERS	BRETON, LIONEL
<u>08826424</u>	<u>6224850</u>	150	03/27/1997	ANTIWRINKLE COSMETIC/PHARMACEUTICAL COMPOSITIONS COMPRISING IRIDACEAE EXTRACTS	BRETON, LIONEL
<u>08879889</u>	<u>5993833</u>	150	06/20/1997	HISTAMINE ANTAGONIST, AN INTERLEUKIN-1 ANTAGONIST AND/OR A TNF ALPHA ANTAGONIST IN A COSMETIC, PHARMACEUTICAL OR PHARMACEUTICAL OR DERMATOLOGICAL COMPOSITION	BRETON, LIONEL
<u>08881272</u>	<u>6203803</u>	150	06/24/1997	USE OF A SUBSTANCE P ANTAGONIST IN A COSMETIC COMPOSITION, AND THE COMPOSITION THUS OBTAINED	BRETON, LIONEL
<u>08889793</u>	<u>6153601</u>	150	07/10/1997	POLYHOLOSIDE COMPOSITIONS FOR STIMULATING THE IMMUNE SYSTEM	BRETON, LIONEL
<u>08891194</u>	<u>6296856</u>	150	07/10/1997	POLYHOLOSIDE COMPOSITIONS FOR BENEFICIALLY TREATING THE SKIN	BRETON, LIONEL
<u>08899880</u>	<u>5900242</u>	150	07/24/1997	COSMETIC/DERMATOLOGICAL SKIN CARE COMPOSITIONS COMPRISING S-DHEA	BRETON, LIONEL
<u>08900109</u>	<u>5985293</u>	150	07/25/1997	ANTIOXIDATIVE DERMOCOSMETIC COMPOSITIONS COMPRISING VERY LOW DOSAGES OF MELATONIN/ANALOGS	BRETON, LIONEL
<u>08921524</u>	Not Issued	161	09/02/1997	USE OF A SUBSTANCE P ANTAGONIST IN A PHARMACEUTICAL COMPOSITION	BRETON, LIONEL

08974230	5902805	150	11/19/1997	METHOD FOR TREATMENT OF ACNE AND/OR THE EFFECTS OF AGEING USING HMG-COENZYME A-REDUCTASE INHIBITOR AND COMPOSITIONS FOR PERFORMING THE SAME	BRETON, LIONEL
08977061	5968532	250	11/24/1997	USE OF AN ETHYLENEDIAMINE DERIVATIVE IN A COSMETIC OR DERMATOLOGICAL COMPOSITION CONTAINING IN PARTICULAR A PRODUCT HAVING AN IRRITANT SIDE EFFECT	BRETON, LIONEL
08981591	6060061	150	03/09/1998	A METHOD FOR PREVENTING OR TREATING DISORDER INVOLVING AN INFLAMMATORY PROCESS	BRETON, LIONEL
08981992	Not Issued	161	02/11/1998	USE OF AT LEAST ONE NO SYNTHASE INHIBITOR FOR TREATING SENSITIVE SKIN	BRETON, LIONEL
09050959	5976559	150	03/31/1998	COMPOSITIONS AND METHODS FOR TREATING WRINKLES AND/OR FINE LINES OF THE SKIN	BRETON, LIONEL
09068237	6048855	150	06/18/1998	TOPICAL COMPOSITION CONTAINING CAPSAZEPINE	BRETON, LIONEL
09072560	6242229	150	05/05/1998	COSMETIC/PHARMACEUTICAL COMPOSITIONS COMPRISING MICROORGANISM CULTURE MEDIA	BRETON, LIONEL
09087803	6241993	150	06/01/1998	THERAPEUTIC/COSMETIC COMPOSITIONS COMPRISING BRADYKININ ANTAGONISTS FOR TREATING SENSITIVE HUMAN SKIN	BRETON, LIONEL
09094558	5972892	150	06/15/1998	TOPICAL COMPOSITION CONTAINING A SUBSTANCE P ANTAGONIST	BRETON, LIONEL
09142473	6291532	150	12/07/1998	USE OF N-ARYL-2-HYDROXYALKYLAMIDES FOR STIMULATING OR INDUCING HAIR GROWTH AND/OR ARRESTING HAIR LOSS	BRETON, LIONEL
09154891	Not Issued	161	09/17/1998	COMPOSITION FOR DYEING KERATIN FIBRES, CONTAINING A SUBSTANCE P ANTAGONIST	BRETON, LIONEL

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